



In re Application of:

HISASHI NARIMATSU, ET AL.

Application No.: 09/744,748

Filed: January 29, 2001

For: A NOVEL POLYPEPTIDE

Docket No. 1241.17

Examiner: Not Yet Assigned

Group Art Unit: Not Yet Assigned

Date: September 19, 2001

THE COMMISSIONER FOR PATENTS
Washington, D.C. 20231

Sir:

Transmitted herewith is a supplemental preliminary amendment in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 280	MINUS	** 51	= 229	x \$9 \$18	\$4122.00
INDEP. CLAIMS	* 2	MINUS	*** 4	= 0	x \$40 \$80	\$0.00
Fee for Multiple Dependent claims \$135°/\$270						Prev. Paid
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$4122.00

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

09/24/2001 MKAYPAGH 00000139 09744748

01 FC:966 4122.00 OP

Adjustment date: 02/11/2002 LLANDGRA
 09/24/2001 MKAYPAGH 00000139 09744748
 01 FC:966 4122.00 OP

02/11/2002 LLANDGRA 00000001 09744748

01 FC:966 990.00 OP

Repl. Ref: 02/11/2002 LLANDGRA 0007490100
 DAN:061205 Name/Number:09744748
 FC: 704 \$3132.00 CR

☒ A check in the amount of \$4122.00 is enclosed.

☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

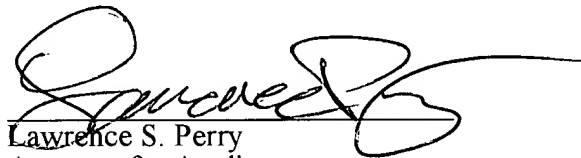
☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.

☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Lawrence S. Perry
Attorney for Applicants
Registration No. 31,865

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